

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017855

Entity Name: O.M. PROPERTIES, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

4200 HWY 524
SUITE 104
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

4200 HWY 524
SUITE 104
COCOA, FL 32926 US

New Mailing Address:

FEI Number: 20-1005712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGWELL, ODILIE M DR.
710 SUNSET LAKES DRIVE
MERRITT ISLAND, FL 329538026 US

Name and Address of New Registered Agent:

BAGWELL, ODILIE M DR.
1820 HARBOR PT DR
MERRITT ISLAND, FL 32952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/21/2009

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAGWELL, ODILIE
Address: 710 SUNSET LAKES DRIVE
City-St-Zip: MERRITT ISLAND, FL 329538026 US

Title: MGRM () Delete
Name: BAGWELL, BRAD
Address: 710 SUNSET LAKES DRIVE
City-St-Zip: MERRITT ISLAND, FL 329538026 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAGWELL, ODILIE
Address: 1820 HARBOR PT DR
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM (X) Change () Addition
Name: BAGWELL, BRAD
Address: 1820 HARBOR PT DR
City-St-Zip: MERRITT ISLAND, FL 32952 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRAD BAGWELL

MGRM

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date